

EPA

March 2006

FEB 28 2007

RCRAInfo CM&E EVALUATION - VIOLATION FORM

13642

*EPA ID Number	PAD987342078				EIN	
Handler Name	Canton Manufacturing					
Street	120 East Second St.					
City	Canton	State	PA	Zip Code	17724	
Actual Generator Status <i>Check only if different from Notified Status.</i>		LQG <input type="checkbox"/>	SQG <input type="checkbox"/>	CESQG <input checked="" type="checkbox"/>	Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>	
Universe Change Required? <i>(Generator Status Change Required)</i>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).				
RCRA Non-Notifier?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).				
Other Facility Information Changes?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).				
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).		

*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
001	CEI	12/13/2006	S	EMH	WM

Day Zero (mm/dd/yyyy):
You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNN, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNN evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.

Reclassified SV Date:
Only applicable for SNN evaluation type as appropriate.

12/13/2006

Notes:

Evaluation Indicator Field (Check all that apply)

☐ Citizen Complaint ☐ Multimedia Inspection ☐ Sampling ☐ Not Subtitle C

Focused Coverage Areas (Use Only for Evaluation Type FCI)

Regulation-Specific FCI

BIF ☐ CCI ☐ CFI ☐ INC ☐ LDR ☐ PTB ☐ PTX ☐
THI ☐ UIC ☐ UOI ☐ UWR ☐ OTHER (specify): _____

Routine/Standardized FCI

CAR ☐ CPC ☐ DOS ☐ EMR ☐ IEI ☐ ISI ☐ RTI ☐

Does this Evaluation Add/Update/Delete a Violation?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, fill in the Violations Section(s) on page 2 of this form.
Does this Evaluation link to a Commitment?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
Does this Evaluation link to a 3007 Request?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below.

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

*Required Fields

EPA ID Number	Handler Name
PAD987342078	Canton Manufacturing

VIOLATIONS SECTION

(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)

VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
				<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
Notes:					

LINK CITATIONS TO ABOVE VIOLATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below
Citation Type	Citation	Citation Type

VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete					Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
				<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.	
Notes:					

LINK CITATIONS TO ABOVE VIOLATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below
Citation Type	Citation	Citation Type

HANDLER SECTION (Fill out if RCRA Non-Notifier)

Handler Name	Contact
Street	
City	State Zip Code
County	

UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)

i. Indicate the Facility's current Universe(s):	
ii. Indicate the new RCRAInfo Generator Universe: Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.	LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)	Transporter <input type="checkbox"/> If the transporter box is checked, you must check at least one mode of transportation below: <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.

*Required Fields

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable	3-Not Determined	4-Non-Compliance
Status				REQUIREMENT		Citation 40 CFR Part 268
1	2	3	4			
				Generators		
X				Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
X				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
X				Dilution not used as a substitute for treatment.		3
X				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
				Storage Facilities		
	X			Facility verifies generators classification of waste in accordance with waste analysis plan.		25 Pa Code 265.13(c)
	X			Containers marked to identify contents and accumulation date.		50(a)(2)
	X			Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
	X			Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
	X			Facility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
				Treatment Facilities, including PBR and RRR Facilities		
	X			Dilution not used as a substitute for treatment.		3
	X			Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.		7(b)
	X			Certification and/or notification sent with shipments of waste.		7(b)(4), (b)(5), (b)(6)
				Land Disposal Facilities		
	X			Facility tests wastes received to assure compliance with applicable treatment standards.		7(c)(2)
	X			Facility land disposes of restricted waste only if it meets applicable treatment standard.		40
	X			Facility retains copies of generator notifications and certifications.		7(c)(1)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

1586017

Inspection Date 12/13/2006

Time Start: 10:30

Time Finish: 1:30

Regional
Field
EPA

HAZARDOUS WASTE INSPECTION REPORT CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Company name Canton Manufacturing
EPA I.D. Number PAD987342078 Employer I.D. Number (E.I.N.) P.F. 26620924
Address 120 East Second St., PO Box 97
County Bradford Municipality Canton Borough ZIP 17724
Name of Inspector Eric Hottenstein
Name & Title of Responsible Official Jim Moyer (operations manager)
Person Interviewed Stacy Hartford Telephone (570) 673-5145
Mailing Address (if different from above) Same
Amount of Hazardous Waste Generated per Month: <100 kg <220 lbs
Waste Determination Completed? ☒ Yes ☐ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☒ No.
Universal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☒
Universal Waste Types Fluorescent Bulbs, Batteries

1. Waste Handling Method:

- ☐ On-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporated sections of 40 CFR Part 270.
- ☒ Off-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporated sections of 40 CFR Part 270 or having interim status under Chapter 265a and incorporated sections of 40 CFR Part 265.
- ☐ On-Site treatment & off-site treatment, storage or disposal in compliance with 40 CFR Section 261.5 and 25 PA Code Section 261a.5.
- ☐ Off-Site in a permitted municipal or industrial facility in another state.
- ☐ Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste.
- ☐ Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste.

2. Hazardous Waste Transportation: Self transportation ☐ yes ☒ no

If no: Transporter Name Safety Kleen
License Number PA-AH 0172

3. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D039	Waste Combustible Liquid	Wilkes-Barre, PA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

Inspection Date 12/13/2006

Time Start: 10:30

Time Finish: 1:30

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 12/13/2006

Identification Number PAD987342078

Company/Facility/Site Name: Canton Manufacturing

On December 13, 2006, I conducted a routine inspection of the above referenced facility. Stacy Hartford accompanied me throughout the inspection.

The facility is a subsidiary of the ShopVac Corporation and through injection molding makes plastic parts. The facility has 52 molding machines and two blow molding machines. The facility has approximately 185 employees and runs 3 shifts. The facility generates a small amount of hazardous waste per year from two parts washers. The facility used to generate waste toluene from a painting process that has ceased since April of 2000. Now the facility only generates hazardous waste through two parts washers located in the maintenance area. Both parts washers were in compliance at the time of this inspection.

The facility generates waste batteries and waste fluorescent bulbs that they are properly managing as universal waste. The facility uses Lampracker to recycle their universal waste. The facility is putting in all green tip environmental friendly bulbs at this time. The Department recommends that the facility acquire a letter from the fluorescent bulb manufacturer to keep on file stating the level of mercury in the green tip bulbs. Due to the fact that all fluorescent lamps contain some level of mercury, the Department believes it is still a good practice to recycle all fluorescent lamps and it is recommended they not be deposited in a landfill.

Record review included billing from Safety Kleen for the two parts washers. Safety Kleen cleans the parts washers on a monthly basis. The facility is generating 29 gallons a month from the parts washers.

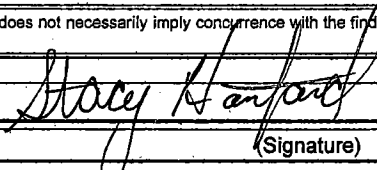
No violations were observed during this inspection. Proper management of universal waste includes keeping the universal waste secure, labeled, and dated at all times.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed

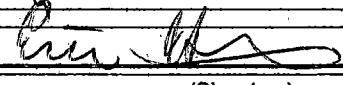


(Signature)

Date

12/13/2006

Inspector



(Signature)

Date

12/13/2006



Printed on Recycled Paper

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

APR 24 1996

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification☒ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

PAD987342078

II. Name of Installation (Include company and specific site name)

CANTON MANUFACTURING

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

120 EAST SECOND ST.

Street (Continued)

POB 97

City or Town

CANTON

State

Zip Code

PA

17724-0097

County Code

County Name

715 BRADFORD

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

70 BOX 97

City or Town

CANTON

State

Zip Code

PA

17724-0097

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

GNONI

(First)

RALPH

Job Title

WFG ENG MGR

Phone Number (Area Code and Number)

717-673-5145

VI. Installation Contact Address (See Instructions)

A. Contract Address
Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

Ownership (See Instructions)

Name of installation's Legal Owner

Street, P.O. Box, or Route Number

City or Town

State

Zip Code

Area Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)

Month Day Year

Yes

No

[illegible]

A. Hazardous Waste Activity	B. Used Oil Recycling Activities
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B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
 - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
 - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
 - ☐ a. Utility Boiler
 - ☐ b. Industrial Boiler
 - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
 - ☐ a. Transporter
 - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
 - ☐ a. Process
 - ☐ b. Re-refine

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F005					
7	8	9	10	11	12

1	2	3	4	5	6

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Date Signed

4-22-98

RECLASSIFICATION From SQG TO CEG
NO change BAH/cm 6/17/99

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**Notification of Regulated Waste Activity**

United States Environmental Protection Agency

Date Received
(For Official Use Only)**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☐ A. First Notification ☒ B. Subsequent Notification
(Complete Item C)**C. Installation's EPA ID Number**

PAD987342078

II. Name of Installation (Include company and specific site name)

CANTON MANUFACTURING

III. Location of Installation (Physical address not P.O. Box or Route Number)**Street**

120 EAST SECOND ST.

Street (Continued)

DOB 97

City or Town

CANTON

State

PA

Zip Code

17724-0097

County Code**County Name**

BRADFORD

IV. Installation Mailing Address (See Instructions)**Street or P.O. Box**

PO BOX 97

City or Town

CANTON

State

PA

Zip Code

17724-0097

V. Installation Contact (Person to be contacted regarding waste activities at site)**Name (Last)**

IGNONI

(First)

RALPH

Job Title

MFG ENG MGR

Phone Number (Area Code and Number)

717-673-5145

VI. Installation Contact Address (See Instructions)**A. Contract Address**

Location Mailing Other

☒ ☐ ☐**B. Street or P.O. Box**☐ ☐ ☐**City or Town**☐ ☐ ☐**State**☐ ☐ ☐**Zip Code**☐ ☐ ☐ - ☐ ☐ ☐**VI. Ownership (See Instructions)****Name of Installation's Legal Owner**☐ ☐ ☐**Street, P.O. Box, or Route Number**☐ ☐ ☐**City or Town**☐ ☐ ☐**State**☐ ☐ ☐**Zip Code**☐ ☐ ☐ - ☐ ☐ ☐**Area Number (Area Code and Number)**☐ ☐ ☐ - ☐ ☐ ☐**B. Land Type**☐ ☐ ☐**C. Owner Type**☐ ☐ ☐**D. Change of Owner Indicator**Yes ☐ No ☐**(Date Changed)**

Month Day Year

☐ ☐ ☐ ☐ ☐ ☐

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F005	2 ✓	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Ralph Agnew

Name and Official Title (Type or print)

RALPH AGNEW - MFG. ENG. MGR.

Date Signed

4-22-98

XI. Comments

RECLASSIFICATION From SQG TO CEG CMV
changed gen status from SQG to CEG BAH/MS 6/9/99

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

File Field EPA



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 4/27/99
Time Start 10:00
Time Finish 12:00

$$T.T. = 2.0 + 1.0 + 0.25 \\ = 3.25$$

HAZARDOUS WASTE INSPECTION REPORT
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Company name Canton Manufacturing Corp. I.D. Number PAD987342078
Address 120 E. 2nd St. Canton, PA 17724
County Bradford Municipality Canton Boro ZIP _____
Name of Inspector Bob Rixey
Name & Title of Responsible Official Ralph Agnani, Manuf. Eng. Mgr.
Person Interviewed Ralph Agnani Telephone (570) 673 5145
Mailing Address (if different from above) P.O. Box 97, Canton, PA 17724
Amount of Hazardous Waste Generated per ^{year} Month: 100 kg _____ lbs
Waste Determination Completed? ☒ Yes ☐ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☒ No.
Universal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☐
Universal Waste Types _____

1. Waste Handling Method:

- ☐ On-Site in a treatment, storage or disposal facility permitted under Chapter 270.
☒ Off-Site in a treatment, storage or disposal facility permitted under Chapter 270 or having interim status under Chapter 265
☐ On-Site treatment & off-site treatment, storage or disposal in compliance with 261.5(f)(g) or (j).
☐ Off-Site in a permitted municipal or industrial facility in another state.
☐ Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste
☐ Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste

2. Hazardous Waste Transportation: Self transportation ☐ yes ☒ no

If no: Transporter Name Midwest Env. Transport
License Number PA AH 0368

3. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
F005	Hazardous waste solid, n.o.s.	Environmental Enterprises
D0039	RD Hazardous waste liquid n.o.s.	"

Cincinnati, OH

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable	3-Not Determined	4-Non-Compliance
Status				REQUIREMENT		Citation 40 CFR Part 268
2	3	4				
			Generators			
			Notification sent with shipments of wastes that do not meet treatment standards.			7(a)(1)
			Notification and certification sent with shipments of wastes meeting treatment standards.			7(a)(2)
			Dilution not used as a substitute for treatment.			3
			Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.			7(a)(5), (a)(6)
			Storage Facilities			
✓			Facility verifies generators classification of waste in accordance with waste analysis plan.			25 Pa Code 265.13(c)
✓			Containers marked to identify contents and accumulation date.			50(a)(2)
✓			Notification sent with shipments of wastes that do not meet treatment standards.			7(a)(1)
✓			Notification and certification sent with shipments of wastes meeting treatment standards.			7(a)(2)
✓			Facility maintains records of documents produced pursuant to LDR requirements.			7(a)(6)
			Treatment Facilities, including PBR and RRR Facilities			
✓			Dilution not used as a substitute for treatment.			3
✓			Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.			7(b)
✓			Certification and/or notification sent with shipments of waste.			7(b)(4), (b)(5), (b)(6)
			Land Disposal Facilities			
✓			Facility tests wastes received to assure compliance with applicable treatment standards.			7(c)(2)
✓			Facility land disposes of restricted waste only if it meets applicable treatment standard.			40
✓			Facility retains copies of generator notifications and certifications.			7(c)(1)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 4/27/98 Identification Number PAD987342078Company/Facility/Site Name Canton Mfg. Corp.

Mr. Agnani escorted me throughout this facility while explaining their various operations. Their only routine, hazardous wastewater continues to be a conditionally exempt, small quantity generator (CESQG) volume from a silk screening operation. This volume appears to be below 100 kg/yr. This was established during the previous hazardous waste inspection by the Department on 4/22/98. Mr. Agnani completed a notification as a CESQG at that time. A copy of that notification is attached. Latest shipment of hazardous waste was on 4/19/99. Currently, no hazardous waste is accumulated on site. Residual wastestreams were also discussed during the inspection. Their residual waste management appears to be in order, also.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning other violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)

Ralph Agnani

Date

4/27/98

Inspector (signature)

Roy Rigg

Date

4/27/98



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 22 Apr 98
Time Start 08:55
Time Finish 11:40
2:45 + 5:00 = 3:30

HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☐ S Q GENERATOR☒ CEG

Company name Canton Manufacturing Corp I.D. Number PAD987342078
Site Address 120 E. 2nd St, P.O. Box 97 Canton Pa
County Bradford Municipality _____ ZIP 17724-0097
Name of Inspector Bernie Pisarchick
Name & Title of Responsible Official Ralph Agnoni
Person Interviewed _____ Telephone 717 673-5145
Mailing Address (if different from above) _____
Amount of Hazardous Waste Generated per Month: ~ 10 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____
Generator Treatment ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name Midwest Envir. Trans. Inc License Number PA-AH 0368
Transporter Name _____ License Number _____
Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
<u>F005</u>	<u>waste Toluene</u>	<u>Env Enterprise</u>

EIN: 41-7246Page 1 of 4

Lat: _____

Long: _____

DEP Priv. own

Site Name Carter Man. ID Number PA0987342078 Date 22 Apr 98

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

1 2 3 4

Page 7 of 9

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed			2-Not Applicable	3-Not Determined	4-Non-Compliance
Status			REQUIREMENT		Citation
2	3	4			40 CFR Part 268
			Generators		
			Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
✓			Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
			Dilution not used as a substitute for treatment.		3
			Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
✓			Storage Facilities		
			Facility verifies generators classification of waste in accordance with waste analysis plan.		25 Pa Code 265.13(c)
			Containers marked to identify contents and accumulation date.		50(a)(2)
			Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
			Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
			Facility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
			Treatment Facilities, including PBR and RRR Facilities		
			Dilution not used as a substitute for treatment.		3
			Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.		7(b)
			Certification and/or notification sent with shipments of waste.		7(b)(4), (b)(5), (b)(6)
			Land Disposal Facilities		
			Facility tests wastes received to assure compliance with applicable treatment standards.		7(c)(2)
✓			Facility land disposes of restricted waste only if it meets applicable treatment standard.		40
			Facility retains copies of generator notifications and certifications.		7(c)(1)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 22 Apr 98 Identification Number PAD 987 342 078Company/Facility/Site Name Canton Manufacturing Corp.

On the 22nd of April 1998, I inspected the above named facility. The facility makes plastic parts for Shop Vac vacuums. The company had been a UQ6 of haz waste and have worked their way down to CFB status. In 1997, they made one shipment of haz waste (F005) on the 6-18-97. They shipped 150 kbs. Currently, they have ~ 1 quart of F005 waste. No shipments were made yet in 1998. The haz waste is generated when they do a silk screen application to certain parts. Most of this work has been transferred to the Williamsport Shop Vac facility. I gave them a copy of the regs. I need to send them a copy of our PPC plan guidelines for their residual waste PBR.

guidelines sent 24 Apr 98.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) R. H. G.Date 4-22-98Inspector (signature) [Signature]Date 22 Apr 98